

REGISTERED BY ME ON

2021/11/12

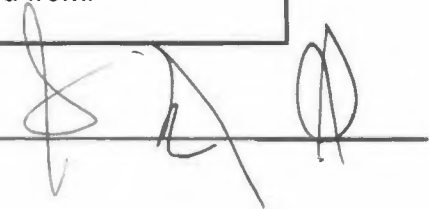
REGISTRAR OF MEDICAL SCHEMES

## ANNEXURE C 2022

### EMERALD

SUBJECT TO THE PROVISIONS OF THE SCHEME RULES, MEMBERS AND THEIR REGISTERED DEPENDANTS ARE ENTITLED TO THE FOLLOWING BENEFITS:

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
A	STATUTORY PRESCRIBED MINIMUM BENEFITS (PMBs)	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"><li>As provided for in Annexure G of the GEMS Rules.</li><li>Prescribed Minimum Benefits ("PMBs") are not subject to the monetary benefit limits stated in this Annexure and shall be paid in full, where the diagnosis, treatment and care of a Prescribed Minimum Benefit Condition were obtained from:</li></ul>



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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> <li>▪ a Designated Service Provider ("DSP") for that condition;</li> <li>▪ a non-DSP, if no DSP for that condition exists; or</li> <li>▪ a non-DSP involuntarily, as described in Regulation 8 (3) of the General Regulations promulgated under the Medical Schemes Act 131 of 1998 (as amended), subject to: <ul style="list-style-type: none"> <li>▪ Authorisation, managed care protocols, formulary and</li> </ul> </li> </ul>

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<b>B</b>	<b>IN-HOSPITAL BENEFITS</b>		No overall limit.	
<b>B1</b>	<p><b>Public Hospitals, Private Hospitals, Registered Unattached Theatres, Day Clinics and Psychiatric Facilities</b></p> <p>1. Accommodation in a general ward, high care</p>	100% of Scheme Rate, subject to PMBs.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Hospital authorisation for admission to a Private facility must be obtained from the Scheme's</li> </ul>

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	<p>ward and intensive care unit;</p> <p>2. Theatre fees;</p> <p>3. Medicines, materials and hospital equipment (includes bone cement for prostheses (B14)); and</p> <p>4. Neonatal care.</p> <div style="border: 1px solid red; padding: 5px; margin-top: 20px;"> <p style="text-align: center; color: red;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>managed care provider at least 48 hours before a Beneficiary is admitted to a Private facility (except in the event of an Emergency Medical Condition), failing which, a co-payment of R1 000 per admission shall apply.</p> <ul style="list-style-type: none"> <li>In the event of an admission to a Private facility for an Emergency Medical Condition, the Scheme must be notified of such admission within one (1) working day after the admission, failing which, a co-payment of R1 000 per admission shall apply.</li> </ul>



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<b>B2</b>	<b>Maternity</b>  Hospital, home birth or registered birthing unit.	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>

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*[Handwritten signatures and initials]*

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B3	<b>Family Practitioner Services</b> Consultations and visits.	100% of Scheme Rate for non-Network Family Practitioners.  130% of Scheme Rate for Network Family Practitioners.	Unlimited.  Reimbursement according to the Scheme-approved tariff file.	All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").
B4	<b>Specialist Services</b> Consultations and visits.	100% of Scheme Rate for non-Network Specialists.  130% of Scheme Rate for Network Specialists.	Unlimited.  Reimbursement according to the Scheme-approved tariff file.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>
B5	<b>Surgical Procedures</b> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED BY ME ON  2021/11/12  REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate.  200% of Scheme Rate for procedures specified by managed	Unlimited.  Refer to Annexure E (Exclusions and Limitations) of GEMS Rules.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>

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B6	Dentistry Conservative, restorative and specialised dentistry.	100% of Scheme Rate.	Professional fees, subject to shared limit with C2: Dental Services of R5 916	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed</li> </ul>

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B7	<b>Basic Radiology</b> X-rays and soft tissue ultrasound scans.	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>



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				<ul style="list-style-type: none"> <li>Subject to managed care protocols and processes.</li> </ul>
B8	<b>Advanced Radiology</b> <div style="border: 1px solid red; padding: 5px; margin-top: 20px;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	Shared limit with C9: Advanced Radiology of R25 458 per family per annum.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to Advanced Radiology authorisation (in addition to hospital pre-authorisation) for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans, PET scans, MRI scans and Radio-isotope studies.</li> <li>Subject to managed care protocols and processes.</li> </ul>



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B9	<b>Pathology</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON   2021/11/12   .....  REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate.	Unlimited.	<ul style="list-style-type: none"> <li>o All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>o Subject to managed care protocols and processes, and pathology tests being related to admission diagnosis.</li> </ul>
B10	<b>Blood Services</b>	100% of Scheme Rate, subject to PMBs.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to managed care protocols and processes.</li> <li>• Includes cost of blood, blood equivalents, blood</li> </ul>

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				<p>products and the transport thereof.</p> <ul style="list-style-type: none"> <li>Includes erythropoietin.</li> </ul>
B11	<b>Physiotherapy</b> <div style="border: 1px solid red; padding: 5px; margin-top: 10px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate, subject to PMBs.	Limited to R5 722 per Beneficiary per annum.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to hospital pre-authorisation, managed care protocols and processes, and services being related to admission diagnosis.</li> </ul>
B12	<b>Post Hip, Knee and Shoulder Replacement or Revision Surgery Physiotherapy</b>	100% of Scheme Rate.	Limited to 10 post-surgery physiotherapy visits (shared with C1.6: Post Hip, Knee and	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>

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B13	<b>Organ and Tissue Transplants</b>	100% of Scheme Rate, subject to PMBs.	<p>Limit of R707 210 per Beneficiary per annum.</p> <p>Sub-limit of R24 007 per Beneficiary per annum for corneal grafts (imported corneal grafts, subject to managed care</p>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to hospital pre-authorisation, managed care protocols and processes, and use of facility as per B1.</li> </ul>

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<b>B14</b>	<b>Prostheses</b>  This benefit covers temporary and permanent prostheses and internal devices (surgically implanted), and accompanying temporary or permanent	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> <li>Shared limit with C11: Medical and Surgical Appliances and Prostheses of</li> </ul>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>

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	<p>devices used to assist with the guidance, alignment or delivery of these prostheses and internal devices.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="color: red; text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>R48 123 per family per annum for Medical and Surgical Appliances and Prostheses generally, plus R48 123 per family per annum for Joint Revisions only; and</p> <ul style="list-style-type: none"> <li>• Shared sub-limits with C11: Medical and Surgical Appliances and Prostheses of: <ul style="list-style-type: none"> <li>○ R5 285 per Beneficiary per annum for foot</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes.</li> <li>• Scheme may obtain competitive quotes, or arrange supply of prosthesis.</li> <li>• Bone cement paid from B1, subject to hospital pre-authorisation.</li> <li>• Foot orthotics and prosthetics, subject to formulary and managed care protocols and processes.</li> <li>• Subject to the prostheses and/or device(s) being</li> </ul>

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<b>B15</b>	<b>Emergency Services (Casualty Department)</b>	100% of cost, but subject to PMB legislation.	Limited to PMBs (Emergency Medical Condition, as defined in Section 4 of the main body and	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>

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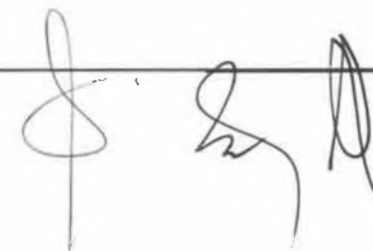


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<b>B16</b>	<b>Renal Dialysis</b> In-Hospital	100% of Scheme Rate, subject to PMBs.	<p>Limit of R303 083 per Beneficiary per annum for chronic dialysis.</p> <p>Acute dialysis included in B1.</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to hospital pre-authorisation, managed care protocols and</li> </ul>

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<b>B17</b>	<b>Oncology (Chemo and Radiotherapy)</b>  In- and Out-of-Hospital	100% of Scheme Rate, subject to PMBs.	Limit of R424 330 per family per annum.  Sub-limit of R288 664 per family for	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>

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B18	<b>Mental Health:</b> Accommodation, theatre fees, medicine, hospital equipment and professional fees of Family Practitioners, Psychiatrists and Psychologists.  <div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON   2021/11/12   .....  REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> <li>Limit of R21 216 per family per annum, shared between B18: Mental Health and C10: Mental Health;</li> <li>Shared sub-limit with C10: Mental Health of R2 468 per family per annum for services by Educational and Industrial Psychologists; and</li> </ul>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to hospital pre-authorisation and managed care protocols and processes.</li> <li>Subject to use of facility as per B1, or a registered alternative.</li> <li>Maximum of three (3) days hospitalisation by a Family Practitioner.</li> </ul>

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B19	<b>Alternatives to Hospitalisation</b> <ol style="list-style-type: none"> <li>Sub-acute Hospitals, Physical Rehabilitation and Private Nursing.</li> <li>Hospice</li> </ol>	<ol style="list-style-type: none"> <li>100% of Scheme Rate, subject to PMBs.</li> <li>100% of cost, but subject to PMB legislation.</li> </ol>	<ol style="list-style-type: none"> <li>Unlimited, subject to PMB legislation.</li> <li>Unlimited, but subject to PMB legislation.</li> </ol>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to pre-authorisation of alternative facility and services, and managed care protocols and processes.</li> </ul>

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B20	<b>Medical Technologists</b>	100% of Scheme Rate, subject to PMBs.	Unlimited, subject to PMB legislation.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to hospital pre-authorisation and case management.</li> <li>Includes materials.</li> </ul>



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B21	<b>Breast Reductions</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON   2021/11/12   .....  REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate, subject to PMBs.	Unlimited, subject to PMB legislation.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to pre-authorisation, managed care protocols and processes.</li> </ul>
B22	<b>Allied Health Services:</b>  Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Limit of R1 824 per family per annum, shared between B22: Allied Health Services, B23: Other Professional Health Services, C5: Allied Health Services, and C6: Other	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to managed care protocols and processes, and services being related to admission diagnosis.</li> </ul>



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			Professional Health Services.	
<b>B23</b>	<b>Other Professional Health Services</b> Including Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.  <div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON   2021/11/12   .....  REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate, subject to PMBs.	Shared limit as per B22: Allied Health Services; and  Sub-limit of R914 per family per annum for Social Workers and Registered Counsellors, shared between B23: Other Professional Health Services and C6: Other Professional Health Services.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to managed care protocols and processes, and services being related to admission diagnosis.</li> </ul>
<b>B24</b>	<b>Alcohol and Drug Dependencies</b>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> <li>Subject to pre-authorisation of DSP facility, managed care protocols and processes, and use of DSP facility as per Annexure G (Prescribed Minimum Benefits) of GEMS Rules.</li> </ul>
<b>C</b>	<b>OUT-OF-HOSPITAL BENEFITS</b>			
<b>C1</b>	<p><b>Day-to-Day Block Benefit</b></p> <ol style="list-style-type: none"> <li>Out-of-Hospital Family Practitioner Services;</li> <li>Out-of-Hospital Specialist Services;</li> <li>Physiotherapy;</li> </ol>	100% of Scheme Rate.	Shared limit between C1.1 and C1.4 – C1.9 of R10 589 per family, and R5 292 per Beneficiary, per annum.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Benefit is pro-rated from date of admission of</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>4. Maternity (where not covered under C7: Maternity Programme);</p> <p>5. Audiology, Occupational Therapy and Speech Therapy; and</p> <p>6. Pathology and Medical Technology.</p>			<p>Beneficiary to end of financial year.</p> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red; font-weight: bold;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <p style="text-align: center; color: red; font-weight: bold;">REGISTRAR OF MEDICAL SCHEMES</p> </div>
<b>C1.1</b>	<p><b>Family Practitioner (FP) Services</b></p> <p>Consultations, visits and all other Family Practitioner services not specifically provided for otherwise in this Annexure.</p>	<p>100% of Scheme Rate for non-Network Family Practitioners.</p> <p>130% of Scheme Rate for Network Family Practitioners.</p> <p>Reimbursement at 200% of Scheme Rate for procedures specified by managed</p>	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Benefit includes consultations, visits and approved minor procedures at Family Practitioners, subject to medical necessity and managed</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>	care, performed in doctors' rooms instead of in hospital.		<p>care protocols and processes.</p> <ul style="list-style-type: none"> <li>Limit is pro-rated from date of admission of Member to end of financial year.</li> </ul>
C1.2	<b>Primary Care Extender Benefit</b>	100% of Scheme Rate, subject to PMBs.	<p>Payable from Risk.</p> <p>Shared limit between:</p> <ul style="list-style-type: none"> <li>C1.1: Family Practitioner (FP) Services;</li> <li>C1.9: Pathology and Medical Technology; and</li> <li>C8.1: Prescribed Medication and Injection Material,</li> </ul>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>The additional benefit of R814 per Beneficiary per annum is: <ul style="list-style-type: none"> <li>In the case of C1.1: Family Practitioner (FP) Services, subject to:</li> </ul> </li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>i.e. Acute Medical Conditions,</p> <p>of R814 per Beneficiary per annum, when any of aforementioned benefits are exhausted.</p>	<ul style="list-style-type: none"> <li>▪ Use of Network Family Practitioner; and</li> <li>▪ Managed care protocols and processes.</li> <li>○ In the case of C1.9: Pathology and Medical Technology, subject to: <ul style="list-style-type: none"> <li>▪ Managed care protocols and processes.</li> </ul> </li> <li>○ In the case of C8.1: Prescribed Medication and Injection Material, i.e. Acute Medical Conditions, subject to:</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> <li>▪ The Conditions / Remarks provided for in C8: Prescribed Medication and Injection Material.</li> <li>• The additional benefit of R814 per Beneficiary per annum shall not be pro-rated, irrespective of the date of Beneficiary registration.</li> </ul>
C1.3	<b>Family Practitioner Network Extender Benefit for Beneficiaries with chronic conditions registered on Disease Management Programme</b>	100% of Scheme Rate, subject to PMBs.	<ul style="list-style-type: none"> <li>• Payable from Risk.</li> <li>• Two (2) additional Family Practitioner consultations at a DSP/Network</li> </ul>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• The additional Family Practitioner consultations at a DSP/Network provider</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
			provider, once Block Benefit is exhausted.	are subject to pre-authorisation, managed care protocols and processes.
C1.4	<b>Specialist Services</b> Consultations, visits and all other Specialist services not specifically provided for otherwise in this Annexure.  <div style="border: 1px solid red; padding: 5px; margin: 10px 0;">             REGISTERED BY ME ON               2021/11/12               REGISTRAR OF MEDICAL SCHEMES           </div>	100% of Scheme Rate for non-Network Specialists.  130% of Scheme Rate for Network Specialists.  200% of Scheme Rate for procedures specified by managed care, performed in doctors' rooms instead of in-hospital.  200% of Scheme Rate for cataract	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Limit is pro-rated from date of admission of Member to end of financial year.</li> </ul>



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
		procedures performed by Ophthalmologists in their rooms.		
C1.5	<b>Physiotherapy</b>  <div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON   2021/11/12   REGISTERAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate, subject to PMBs.	Shared limit as per C1: Day-to-Day Block Benefit.  Sub-limit of R5 257 per family, and R2 628 per Beneficiary, per annum.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to managed care protocols and processes.</li> </ul>
C1.6	<b>Post Hip, Knee and Shoulder Replacement or Revision Physiotherapy</b>	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.  Limited to 10 post-surgery physiotherapy visits (shared with B12:	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to hospital pre-authorisation, managed</li> </ul>



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		Post Hip, Knee and Shoulder Replacement or Revision Surgery (Physiotherapy) up to a limit of R6 039 per Beneficiary per event, utilised within sixty (60) days of surgery.	care protocols and processes.
C1.7	<b>Maternity</b> Ante- and post-natal care.	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit, where not accessed under C7: Maternity Programme.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Includes non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C1.8	<b>Audiology, Occupational Therapy and Speech Therapy</b> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <p style="text-align: center; color: red;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	<p>Shared limit as per C1: Day-to-Day Block Benefit.</p> <p>Shared sub-limit with C1.9: Pathology and Medical Technology, of R5 174 per family, and R2 582 per Beneficiary, per annum.</p> <p>Further sub-limit of R4 149 per family, and R2 077 per Beneficiary, per annum.</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to managed care protocols and processes.</li> <li>• Occupational or speech therapy performed In-Hospital shall be paid from B1.</li> </ul>
C1.9	<b>Pathology and Medical Technology</b>	100% of Scheme Rate.	Shared limit as per C1: Day-to-Day Block Benefit.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		Shared sub-limit with C1.8: Audiology, Occupational Therapy and Speech Therapy of R2 582 per Beneficiary and R5 174 per family per annum.	<p>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> <li>• Subject to managed care protocols and processes.</li> <li>• Includes liquid-based cytology pap smears.</li> </ul>
C2	<p><b>Dental Services</b></p> <p>Conservative and Restorative Dentistry (include plastic dentures); and</p> <p>Special Dentistry (includes metal-base dentures).</p>	<p>100% of Scheme Rate.</p> <p>200% of Scheme Rate for treatment of bony impactions of third molars under conscious sedation in doctors' rooms.</p>	<p>Shared limit with B6: Dentistry of R5 916 per Beneficiary per annum.</p> <p>Panoramic x-rays limited to one (1) x-ray every three (3) years per Beneficiary.</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• General anaesthesia and conscious sedation for dentistry, subject to pre-authorisation, managed care protocols and processes. Only applicable</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>Bitewing x-rays limited to four (4) per Beneficiary per annum.</p> <p>Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules.</p>	<p>to Beneficiaries under the age of six (6) years, severe trauma and impacted third molars.</p> <ul style="list-style-type: none"> <li>• In respect of Conservative and Restorative Dentistry: <ul style="list-style-type: none"> <li>◦ Panoramic and Bitewing x-rays included.</li> </ul> </li> <li>• In respect of Special Dentistry: <ul style="list-style-type: none"> <li>◦ No pre-authorisation required for metal base dentures.</li> </ul> </li> <li>• Subject to managed care protocols and processes.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C3	<b>Optical Services</b> <ol style="list-style-type: none"> <li>1. Eye examinations;</li> <li>2. Frames, lenses and contact lenses (permanent and disposable); and</li> <li>3. Refractive eye surgery.</li> </ol> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of Scheme Rate.	<p>Limited to R5 094 per family per financial year, starting on 01 January and ending on 31 December of the same year ("Family Financial Cycle").</p> <p>Further limited to R2 658 per Beneficiary for every two (2) financial years, calculated from 01 January of the year within which any Optical Service was first rendered to the affected Beneficiary following the end of</p>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• All Optical services included in benefit.</li> <li>• Subject to Optical Managed Care protocols and processes.</li> <li>• Optical benefit is not pro-rated, irrespective of date of Beneficiary registration.</li> <li>• Includes tinted lenses, up to a tint of 35%, for albinism and proven photophobia, subject to pre-authorisation.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>such previous two (2) year period (if any) ended on 31 December ("Beneficiary Financial Cycle"), subject to frames not exceeding R1 487.</p> <p>Limited to:</p> <ul style="list-style-type: none"> <li>One (1) eye examination per Beneficiary per twelve (12) month period, calculated from the month within which same was last rendered to the affected Beneficiary ("Eye</li> </ul>	<ul style="list-style-type: none"> <li>Excludes variable tint and photochromic lenses.</li> <li>Refer to Annexure E (Exclusions and Limitations) of the GEMS Rules for Optometry Exclusions.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div>REGISTERED BY ME ON</div> <div>2021/11/12</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>		<p>Examination Cycle”); and</p> <ul style="list-style-type: none"> <li>One (1) frame and one pair of lenses per Beneficiary per twenty four (24) month period, calculated from the month within which same was last rendered to the affected Beneficiary (“Optical Appliance Cycle”).</li> </ul> <p>Save for the financial limits specified hereinabove, no limit shall apply to the</p>	



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div>REGISTERED BY ME ON</div> <div>2021/11/12</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>		<p>number of contact lenses that may be rendered to a Beneficiary.</p> <p>Either spectacles or contact lenses shall be funded in an Optical Appliance Cycle, not both.</p> <p>Post-cataract surgery, Optical PMB entitlement shall be limited to the cost of a bifocal lens, not exceeding R1 276 for both lens and frame, with a sublimit of R251 for the frame.</p>	

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C4	<b>Basic Radiology</b> X-rays and soft tissue ultrasound scans.  <div style="border: 1px solid red; padding: 5px; text-align: center;"> REGISTERED BY ME ON   2021/11/12   .....  REGISTRAR OF MEDICAL SCHEMES </div>	100% of Scheme Rate.	Sub-limit of R4 226 per Beneficiary and R7 745 per family per annum.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to managed care protocols and processes.</li> <li>• Includes 2 x 2D ultrasound scans per pregnancy provided for under C7: Maternity Programme. Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan shall be funded up to the cost of a 2D scan.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C5	<b>Allied Health Services:</b>  Limited to Chiropractors, Homeopaths, Phytotherapists, Acupuncturists and Chinese Medicine Practitioners.	100% of Scheme Rate, subject to PMBs.	Shared limit as per B22: Allied Health Services.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to managed care protocols and processes.</li> </ul>
C6	<b>Other Professional Health Services</b>  Limited to Dieticians, Podiatrists, Social Workers, Registered Counsellors and Orthoptists.	100% of Scheme Rate, subject to PMBs.	Shared limit and sub-limit as per B22: Allied Health Services and B23: Other Professional Health Services.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to managed care protocols and processes.</li> </ul>
C7	<b>Maternity Programme</b>  Ante- and post-natal care.	100% of Scheme Rate, subject to Maternity Programme Protocols.	Paid from Risk, but limited to Maternity Programme Benefits.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> <li>• Subject to registration on Maternity Programme, and managed care protocols and processes.</li> <li>• If not registered on Maternity Programme, C1.7: Maternity shall apply.</li> <li>• Includes: <ul style="list-style-type: none"> <li>◦ Benefits defined in managed care protocols.</li> <li>◦ 2 x 2D ultrasounds per pregnancy. Alternatively, should any such 2D scan be substituted with a 3D/4D scan, such 3D/4D scan</li> </ul> </li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>shall be funded up to the cost of a 2D scan.</p> <ul style="list-style-type: none"> <li>Non-invasive prenatal testing for high-risk pregnancies, subject to pre-authorisation.</li> </ul>
C8	<b>Prescribed Medication and Injection Material</b>			<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Prescribed, administered and dispensed by healthcare professionals, legally entitled to do so.</li> <li>Subject to Medicine Price List (MPL) and Medicine Exclusion List (MEL).</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	1. Acute Medical Conditions.  <div style="border: 1px solid red; padding: 5px; text-align: center;">             REGISTERED BY ME ON               2021/11/12               .....              REGISTRAR OF MEDICAL SCHEMES           </div>	1. 100% of Scheme Rate.	1. Limit of R12 728 per family, and R4 243 per Beneficiary, per annum, and sub-limit of R633 per family per annum for homeopathic medicine.	<ul style="list-style-type: none"> <li>• Subject to Annexure E (Exclusions and Limitations) of GEMS Rules.</li> </ul> 1. Subject to the following: <ul style="list-style-type: none"> <li>• Managed care protocols, formulary and processes.</li> <li>• Prescription by a healthcare professional, legally entitled to do so.</li> <li>• A 30% co-payment shall apply to voluntary use of Out-of-Formulary medicine, where Formulary exists.</li> <li>• Benefit includes prescribed maternity vitamin supplements.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>2. Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="color: red; text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	2. 100% of Scheme Rate, subject to PMBs.	<p>2. Unlimited for PMB chronic conditions listed in PMB DTP and PMB CDL, but subject to PMB legislation. Limit of R25 631 per family, and R12 728 per Beneficiary, per annum for non-PMB chronic conditions listed in Annexure D of the GEMS Rules. No benefit for non-PMB chronic conditions not listed in Annexure</p>	<p>2. Subject to the following:</p> <ul style="list-style-type: none"> <li>• Prior application and approval, Formulary, Medicine Price List, managed care protocols and processes, and prescription by a healthcare professional, legally entitled to do so.</li> <li>• Medicine for chronic conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, subject to use of Chronic Medicine Pharmacy DSP, as provided for in Annexure G (Prescribed Minimum</li> </ul>



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		D of the GEMS Rules.	<p>Benefits) of the GEMS Rules.</p> <ul style="list-style-type: none"> <li>A 30% co-payment shall apply for voluntary use of Out-of-Formulary medicine and voluntary use of a non-Chronic Medicine Pharmacy DSP.</li> <li>Chronic Medical Conditions listed in PMB DTP, PMB CDL and Annexure D of the GEMS Rules, shall be paid from limit for non-PMB chronic conditions listed in Annexure D of the GEMS Rules. However, once limit is exhausted, benefit shall be unlimited for PMBs, but subject to PMB legislation.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; color: red; margin: 0;">REGISTERED BY ME ON</p> <p style="text-align: center; margin: 5px 0 0 20px;">2021/11/12</p> <p style="text-align: center; color: red; margin: 0;">REGISTRAR OF MEDICAL SCHEMES</p> </div> <p>3. Self-Medication: Over-the-Counter (OTC) Medicine</p>	3. 100% of Scheme Rate.	3. Subject to acute medicine benefit limit (C8.1), event limit of R286 per Beneficiary, sub-limit of R1 069 per Beneficiary per annum, and a family annual limit of R1 709.	<ul style="list-style-type: none"> <li>Includes benefit for life-threatening allergies, payable from Risk, and subject to managed care protocols, formulary and processes.</li> </ul> <p>3. Subject to the following:</p> <ul style="list-style-type: none"> <li>Managed care protocols, Formulary and processes.</li> <li>Only SAHPRA-registered Schedule 0, 1, and 2 medicines payable from the OTC benefit.</li> </ul>



NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>.....</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		of R25 631 per family per annum.	<p>Minimum Benefits ("PMBs").</p> <ul style="list-style-type: none"> <li>• Subject to Advanced Radiology pre-authorisation, managed care protocols and processes.</li> <li>• Specific authorisation is required for Angiography, CT scans, MDCT, Coronary Angiography, MUGA scans PET scans, MRI scans and Radio-isotope studies.</li> </ul>
<b>C10</b>	<b>Mental Health</b>  Consultations, assessments, treatment and counselling by Family Practitioners,	100% of Scheme Rate, subject to PMBs.	<p>Subject to:</p> <ul style="list-style-type: none"> <li>• Limit of R21 216 per family per annum, shared between B18:</li> </ul>	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	Psychiatrists and Psychologists.  <div style="border: 1px solid red; padding: 5px; text-align: center;">             REGISTERED BY ME ON               2021/11/12               REGISTRAR OF MEDICAL SCHEMES           </div>		Mental Health and C10: Mental Health;  <ul style="list-style-type: none"> <li>Sub-limit of R6 291 for Out-of-Hospital Psychologist consultations;</li> <li>Further, shared sub-limit with B18: Mental Health of R2 468 per family per annum for services by Educational and Industrial Psychologists; and</li> </ul>	<ul style="list-style-type: none"> <li>Subject to managed care protocols and processes.</li> <li>If Out-of-Hospital treatment is offered as alternative to hospitalisation, In-Hospital benefits (B1) shall apply.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> <li>Limit of one (1) individual Psychologist consultation and one (1) group Psychologist consultation per day.</li> </ul>	
C11	<b>Medical and Surgical Appliances and Prostheses</b> Includes Hearing Aids, Wheelchairs, Mobility Scooters, Oxygen Cylinders, Pulse Oximeters, Nebulizers, CPAP Devices, Glucometers, Colostomy Kits, Diabetic Equipment, Foot Orthotics	100% of Scheme Rate, subject to PMBs.	Subject to: <ul style="list-style-type: none"> <li>Shared limit with B14: Prostheses of R48 123 per family per annum for Medical and Surgical Appliances and Prostheses generally; and</li> </ul>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to managed care protocols and processes.</li> <li>Diabetic accessories and appliances, other than Glucometers, to be pre-authorised and claimed</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>External Prostheses and Compression Stockings.</p> <p>Applicable In- and Out-of-Hospital.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p style="color: red; text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>		<ul style="list-style-type: none"> <li>• Sub-limit of R18 776 per family per annum for C:11 Medical and Surgical Appliances and Prosthesis, with further, shared sub-limits with B14: Prostheses of: <ul style="list-style-type: none"> <li>◦ R5 285 per Beneficiary per annum for foot orthotics and prosthetics, with a sub-limit of R1 510 per Beneficiary per</li> </ul> </li> </ul>	<p>from the chronic medication benefit (C8.2).</p> <ul style="list-style-type: none"> <li>• Foot orthotics and prosthetics, subject to Formulary, managed care protocols and processes.</li> <li>• The Scheme has the right to obtain competitive quotes.</li> </ul>



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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>		<p>annum for orthotic shoes, foot inserts and levelers;</p> <ul style="list-style-type: none"> <li>o R601 for crutches per Beneficiary per annum;</li> <li>o One (1) wheelchair of up to R6 615 per Beneficiary every twenty four (24) months of month of receipt of wheelchair;</li> <li>o One (1) unilateral hearing aid, or one (1) pair of</li> </ul>	

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	<div>REGISTERED BY ME ON</div> <div>2021/11/12</div> <div>REGISTRAR OF MEDICAL SCHEMES</div>		<p>bilateral hearing aids, of up to R9 622 per hearing aid per Beneficiary every thirty six (36) months of month of receipt of hearing aid(s);</p> <ul style="list-style-type: none"> <li>One (1) CPAP device of up to R11 426 per Beneficiary every thirty six (36) months of month of receipt of device;</li> <li>Three (3) pairs of compression</li> </ul>	

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C12	Renal Dialysis Out-of-Hospital	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to Renal Dialysis pre-authorisation, managed care protocols and processes.</li> <li>Subject to use of Renal Dialysis Network DSP;</li> </ul>

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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			<p>failing which, a co-payment of 30% per event shall apply in accordance with Network rules.</p> <ul style="list-style-type: none"> <li>Includes materials and related pathology tests.</li> </ul>
<b>C13</b>	<p><b>Screening Services</b></p> <p>Including:</p> <p>Cholesterol, Bone Density, Pap Smear, Prostate Specific Antigen, Glaucoma, TB, Syphilis, Chlamydia, Gonorrhoea, Infant Hearing, Childhood Hearing, Childhood Optometry, Glucose, Occult Blood, Thyrotropin (TSH) for Neonatal Hypothyroidism, Mammogram, and other</p>	100% of Scheme Rate.	<p>Payable from Risk.</p> <p>All screenings are limited to one (1) of each per annum, unless otherwise indicated herein.</p>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>All subject to managed care protocols and processes.</li> <li>Pap Smears include liquid-based cytology.</li> <li>Infant Hearing Screening for Child Dependents under the age of one (1) year.</li> </ul>

NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
	<p>screenings according to evidence-based standard practice.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="color: red; text-align: center;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="color: red; text-align: center;">REGISTRAR OF MEDICAL SCHEMES</p> </div>			<ul style="list-style-type: none"> <li>Childhood Hearing Screening for Child Dependants up to and including the age of seven (7) years.</li> <li>Neonatal Hypothyroidism screening test - TSH (Thyrotropin) - tariff 4507 only.</li> <li>Includes screening services provided in pharmacies.</li> </ul>
<b>C14</b>	<p><b>Preventative Care Services</b></p> <p>Includes all vaccinations.</p>	100% of Scheme Rate.	<p>Paid from Risk.</p> <p>Influenza Vaccinations: Limited to one (1) course per Beneficiary per annum.</p>	<ul style="list-style-type: none"> <li>All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>Subject to managed care protocols and processes.</li> </ul>

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C15	<b>HIV Infection, Acquired Immune Deficiency Syndrome and Related Illness</b> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p style="text-align: center; color: red;">REGISTERED BY ME ON</p> <p style="text-align: center;">2021/11/12</p> <hr style="border-top: 1px dashed red;"/> <p style="text-align: center; color: red;">REGISTRAR OF MEDICAL SCHEMES</p> </div>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to managed care protocols and processes.</li> <li>• Pre-exposure prophylaxis included for high-risk Beneficiaries, subject to managed care protocols and processes.</li> </ul>
C16	<b>Infertility</b>	100% of cost, but subject to PMB legislation.	Limited to PMBs.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to pre-authorisation of facility and service(s), managed care protocols</li> </ul>



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	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>REGISTERED BY ME ON</p> <p>2021/11/12</p> <p>REGISTRAR OF MEDICAL SCHEMES</p> </div>			and processes, and use of a DSP (i.e. State or Network) facility; failing which, the Scheme shall not be liable to fund the first R12 000 of the other facility's bill.
C17	<b>Emergency Assistance (Road and Air)</b>	100% of cost, but subject to PMB legislation.	Unlimited, but subject to PMB legislation.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to use of Emergency Medical Services DSP, and managed care protocols and processes.</li> </ul>
C18	<b>Circumcision</b>	100% Scheme Rate.	Global fee of R1 709 per Beneficiary.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed</li> </ul>

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NO	SERVICE/BENEFIT	% BENEFIT/TARIFF	LIMITS	CONDITIONS/REMARKS
C19	<b>Chronic Back and Neck Rehabilitation Programme</b> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> REGISTERED BY ME ON   2021/11/12   .....  REGISTRAR OF MEDICAL SCHEMES </div>	Negotiated Rate.	Paid from Risk, but limited to Chronic Back and Neck Rehabilitation Programme benefits.	<ul style="list-style-type: none"> <li>• All limits are subject to A: Statutory Prescribed Minimum Benefits ("PMBs").</li> <li>• Subject to registration on Chronic Back and Neck Rehabilitation Programme, and managed care protocols and processes.</li> <li>• Out-of-Hospital benefits (excluding this benefit C19: Chronic Back and Neck Rehabilitation Programme) shall apply, if not registered on the Chronic Back and Neck Rehabilitation Programme.</li> </ul>

<b>Legend:</b>	
<b>Scheme Rate</b>	See Rule 4.36 of the GEMS Rules.
<b>CDL</b>	Chronic Disease List
<b>Chronic DSP</b>	Chronic Designated Service Provider. Subject to Annexure G of the GEMS Rules.
<b>DTP</b>	Diagnosis and Treatment Pairs as provided for in the Regulations to the Medical Schemes Act.
<b>PDF</b>	Professional Dispensing Fee
<b>PMB</b>	Prescribed Minimum Benefit
<b>SEP</b>	Single Exit Price
<b>TTO</b>	Treatment Taken Out

Healthcare services or claims that do not meet the Scheme's (including its managed healthcare programmes') clinical protocol or billing requirements in accordance with Regulation 5 to the Medical Scheme Act 131 of 1998, shall be excluded, provided that such protocols are in accordance with internationally accepted evidence-based treatment guidelines and protocols.